

INTER AGENCY REVOCABLE ENCROACHMENT PERMIT
APPLICATION

PERMITTEE

CONTRACTOR

Agency: _____	Contractor: _____
Address: _____	Address: _____
Contact: _____	24 hr. Contact: _____
Phone: _____	24 hr. phone: _____
Name of Responsible Party: _____	Contractor's Lic. No. _____
Start Date: _____ Thomas Guide: _____	City Business Lic. No. _____
No. of Working Days: _____	Project Schedule: _____
Location of Work: _____	
Description of work: _____	

Attach to the Application:

- (1) Detailed Traffic Control Plan (3 Copies)
- (2) Construction Schedule (3 Copies)
- (2) Site / Project Plans and Specifications (3 Copies)
- (3) Contractor Insurance Certification (CSJ as additional insured)

This **INTER AGENCY REVOCABLE ENCROACHMENT PERMIT** is issued in accordance with the fee schedule adopted by the City Council on June 14, 2005, Resolution No. 72737, which designates a "Cost plus" fee for recovery of the City's expense for plan review and inspection. The City may waive these fees at its sole discretion when in the interest of the City. The Permittee will be invoiced monthly for time and material cost accrued by City Staff to perform all activities necessitated by the project.

If applicable, permit fee estimate will be provided to the permittee after complete submittal is received.

(CITY USE ONLY)

CSJ RECEIVED BY: _____ **DATE:** _____ **TIME:** _____ AM / PM

- | | | | |
|--|-------------|---|-------------|
| <input type="checkbox"/> Reason for encroachment | Date: _____ | <input type="checkbox"/> Traffic Control Plan | Date: _____ |
| <input type="checkbox"/> Description of Work | Date: _____ | <input type="checkbox"/> Site Plan | Date: _____ |
| <input type="checkbox"/> Insurance Certificate | Date: _____ | | |

SPECIAL CONDITIONS AND COMMENTS: _____

- Permit Complete Date: _____
- Permit Signed Date: _____
- Notification of Completion Date: _____

INSPECTOR ASSIGNED

PERMIT NUMBER